

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046545

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1923

FILED JAN 7 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 32Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1375 E. Blaine		d. STREET ADDRESS (If outside, give location) 1375 E. Blaine	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Marvin Middle Dubart Last Haile			4. DATE OF DEATH Month December Day 28 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 8 Days 28 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mechanic		11. BIRTHPLACE (City and state or country) St. Francois County, Mo.	
13a. FATHER'S NAME Irvin Lynn Haile		13b. MOTHER'S MAIDEN NAME Sallie Smith		14. NAME OF HUSBAND OR WIFE Fannie J. Haile	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Fannie J. Haile, 1375 E. Blaine, Springfield, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Kidney		INTERVAL BETWEEN ONSET AND DEATH 8 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield, Mo	
20g. COUNTY Greene		20h. STATE Missouri	
21. I attended the deceased from May 1956 to 28 Dec 62 and last saw him alive on Dec 20, 1962 Death occurred at 11:00A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE G. D. Callaway Jr MD		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 31 Dec 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/31/1962	23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	23d. LOCATION (City, town, or county) Greene County, Missouri	23e. STATE Missouri
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Avenue, Springfield, Missouri		25. DATE RECD. BY LOCAL REC. 1-4-63		26. REGISTRAR'S SIGNATURE Ella S. Mellen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spokane, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Dec 31, 1965